



Membership Application

Personal Information:

Title: Mr. Mrs. Ms.	First Name:	Last Name:	
Address:		Year of Graduation:	
City:	State:	Zip Code:	
Home Phone:		Cell Phone:	
Personal Email:			

Business Information:

Business Name:			
Title:			
Address:	City:	State:	Zip Code:
Work Phone:		Extension:	
E-mail:			

Annual Membership Dues: \$35

Checks made payable to: Saginaw County Chamber Foundation

Please include member's name in memo. Receipt is available upon request.

Please return this application and payment to:

Saginaw County Chamber of Commerce

Attn: LSCAA

515 N. Washington Ave. Suite 300

Saginaw, MI 48607

Questions?

www.saginawchamber.org/leadershipalumni

LeadershipSaginawCountyAlumni@gmail.com

Melissa Jo Horn (989) 791-7051

(Office use only-data entry)

Spreadsheet	E-mail	
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